

NOV 29 2005

AMENDMENT TRANSMITTAL LETTER				Docket No. PPI-108CP2	
Application No. 10/001945-Conf. #9920		Filing Date November 1, 2001		Examiner J. E. Russel	
				Art Unit 1654	

Applicant(s): Gary L. OLSON *et al.*

Invention: THERAPEUTIC AGENTS AND METHODS OF USE THEREOF FOR THE MODULATION OF ANGIOGENESIS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	30	- 65 =		x	
Independent Claims	3	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					60.00

☐ Large Entity
 ☒ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 60.00.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: November 29, 2005

Merla Laccotripe Zacharakis, Ph.D., J.D.
 Attorney Reg. No.: 56,266

LAHIVE & COCKFIELD, LLP
 28 State Street
 Boston, Massachusetts 02109
 (617) 227-7400

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: November 29, 2005	Signature: <u>Merla Laccotripe Zacharakis, Ph.D., J.D.</u>

RECEIVED
CENTRAL FAX CENTER

NOV 29 2005

FAX TRANSMISSION**DATE:** November 29, 2005**PTO IDENTIFIER:** Application Number 10/001945-Conf. #9920
Patent Number**Inventor:** Gary L. OLSON et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 278-8300**FROM:** LAHIVE & COCKFIELD, LLP
Maria Laccotripe Zacharakis, Ph.D., J.D.**PHONE:** (617) 227-7400**Attorney Dkt. #:** PPI-106CP2**RETURN TO:** Meaghan L. Richmond, Ph.D.**PAGES (Including Cover Sheet):** 30**CONTENTS:** This Facsimile Cover Sheet (1 page)
Certificate of Transmission (1 page)
Amendment Transmittal (1 page)
Fee Transmittal (1 page, in duplicate)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment After Final Action (37 C.F.R. Section 1.116) (24 pages)
Charge \$60.00 to deposit account 12-0080

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

NOV 29 2005

PTO/SB/97 (08-04)

Approved for use through 07/31/2008. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/001945

Attorney Docket No.: PPI-106CP2

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on November 29, 2005
Date



Signature

Maria Laccotripe Zacharakis, Ph.D., J.D.

Typed or printed name of person signing Certificate

56,266

Registration Number, if applicable

(617) 227-7400

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Facsimile Cover Sheet (1 page)
This Certificate of Transmission (1 page)
Amendment Transmittal (1 page)
Fee Transmittal (1 page, in duplicate)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment After Final Action (37 C.F.R. Section 1.116) (24 pages)
Charge \$60.00 to deposit account 12-0080